MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/57/407

APPLICANT(S)

FILING DATE

CLAIMS

| IND. DEP. IND. DEP. IND. DEP. 1 | | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 **AMENDMENT | |
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